	gency Report of: eremonial Role Even	its and Ticket/l	Pass Distr	ibutions	A	Public Do	cument
_	Agency Name	1 - 1			Date Stamp	California	000
	Los Angeles County		Form	002			
	Division, Department, or Reg	ion (if applicable)		-		For Official	Use Only
	Board of Supervisors, Four	Board of Supervisors, Fourth District					
	Designated Agency Contact				1		
	Nancy Herrera						
	Area Code/Phone Number	E-mail			Amendment (Must Pi	rovide Explanation i	n Part 3.)
	(213) 974-4444	nherrera@bos.lac	county.gov		Date of Original Filing: .	(month, day, yea	ar)
2.	Function or Event Infor	mation		W		300	
	Does the agency have a tic	ket policy? Yes	⊠ No□ F	ace Value of	Each Ticket/Pass \$ 45	5	
	Event Description: Dodgers	Date(s)	<u>/ 10 / 18</u>		/		
	Ticket(s)/Pass(es) provided	Provide Title/ Explored by agency? Yes		f no: Los Ang	eles Dodgers		
		, , , , , , ,			Name of Source		
	Was ticket distribution made	at the behest Yes	□ No⊠ I	f yes:	Official's Name (Last, First)		
	of agency official?				omerare reasons (East, 1 may		
3.	Recipients • Use Section A to identify the ager	Number					
	A. Name of Agency, Department	artment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agen	cy's policy
	Board of Supervisors		2	Ticket Policy	Sec 5.3(k)		
	B. Name of Ind		Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:	
				1 (1)	onial Role Other or "Other" des	50 mg	Income
					onial Role Other of the or "Other" des	•	Income _
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	suant to the agen	cy's policy

4. Verification

I have read and understand FPPC Regulations	18944.1 and	18942. I have	verified that the	distribution	set forth above	is in	accordance
with the requirements.							

with the requirements.			
Manux Henera	Nancy Herrera	Ticket Administrator	5/17/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
0			
Comment:			

0	eremonial Role Even	ts and Ticket/F	ass Dist	ributions	AP	ublic Document
1.	Agency Name				Date Stamp	California 202
	Los Angeles County					Form OUZ
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Board of Supervisors, Fourt	h District				
	Designated Agency Contact (Name, Title)	188.10		1	
	Nancy Herrera				Amendment (Must Prov	vida Evalanation in Bort 2 l
	Area Code/Phone Number	E-mail			Amendment (Wast Prov	ide Explanation in Part 3.)
	(213) 974-4444	nherrera@bos.laco	ounty.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Inform	mation				
	Does the agency have a tick	et policy? Yes	⊠ No □	Face Value of	Each Ticket/Pass \$ 45_	
	Event Description: Dodgers	Tickets		Date(s)04	, 11 , 18	1 1
	Event Besonption.	Provide Title/ Expla		•		
	Ticket(s)/Pass(es) provided	by agency? Yes	□No⊠	If no: Los Ang		
	MALE CALL CALL CALL		- Nonco	If you	Name of Source	
	Was ticket distribution made of agency official?	at the benest Yes	□ No⊠	If yes:	Official's Name (Last, First)	
3.	Recipients • Use Section A to identify the agen-	cy's department or unit.	Use Section B to	o identify an individ	ual. • Use Section C to identify	an outside organization.
	A. Name of Agency, Depa		Number of Ticket(s)/ Passes		e public purpose made pursua	
	Board of Supervisors		2	Ticket Policy	Sec 5.3(k)	
	B. Name of Indiv		Number of Ticket(s)/ Passes		Identify one of the follo	owing:
					onial Role Other on "Other" describ	Income Income
					onial Role Other Ing "Ceremonial Role" or "Other" describ	Income Income
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made pursua	ant to the agency's policy
	Verification					

Nancy Herrera
Print Name

Comment:

5/17/18 (month, day, year)

Ticket Administrator

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California 000 Date Stamp

Board of Supervisors, Fourth District Designated Agency Contact (Name, Title) Nancy Herrera Area Code/Phone Number [213) 974-4444	002	Form				os Angeles County	
Designated Agency Contact (Name, Title) Nancy Herrera Area Code/Phone Number (213) 974-4444 nherrera@bos.lacounty.gov Date of Original Filling:	Use Only	For Official Us			ion (if applicable)	ivision, Department, or Regi	Ī
Nancy Herrera Area Code/Phone Number (213) 974-4444 Inherrera@bos.lacounty.gov 2. Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ \frac{45}{25} Event Description: Dodgers Tickets Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No If no: Los Angeles Dodgers Was ticket distribution made at the behest Yes No If yes: Official's Name (Last, First) A. Name of Agency, Department or Unit Board of Supervisors Passes Official's Name (Last, First) Describe the public purpose made pursuant to the agency for Ticket(s)/Passes Ceremonial Role Other Information Number of Ticket(s)/Passes					h District	Board of Supervisors, Fourth	
Area Code/Phone Number (213) 974-4444					Name, Title)	Designated Agency Contact (ī
Area Code/Phone Number (213) 974-4444 nherrera@bos.lacounty.gov Date of Original Filling:	n Part 3.)	Amendment (Must Provide Explanation in F			Nancy Herrera		
Recipients Describe the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization	,	_			E-mail	rea Code/Phone Number	7
Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ \frac{45}{25}\$ Event Description: Dodgers Tickets	ar)	Date of Original Filing:(month, day, year)		ounty.gov	nherrera@bos.lacc	213) 974-4444	
Event Description: Dodgers Tickets Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No If no: Los Angeles Dodgers Name of Source Was ticket distribution made at the behest Yes No If yes: Official's Name (Last, First) Frecipients Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside organical of Ticket(s)/ Passes Board of Supervisors Date(s) 04 13 18		4-		20 30 3 30 50	nation	unction or Event Inforr	
Ticket(s)/Pass(es) provided by agency? Yes \ \ \ No \ \ \		Each Ticket/Pass \$ 45	Face Value of E	⊠ No 🗆	tet policy? Yes [Does the agency have a tick	-
Ticket(s)/Pass(es) provided by agency? Yes \ \ \ No \ \ \	/	13 / 18	Date(s)		Tickets	event Description: Dodgers	1
Was ticket distribution made at the behest Yes			S 353	nation	Provide Title/ Explai		
Official's Name (Last, First) Passes Poscribe the public purpose made pursuant to the agency of Ticket(s) Passes Board of Supervisors Passes Number of Ticket(s) Passes Passes Number of Ticket(s) Passes Ceremonial Role Other It checking "Ceremonial Role" or "Other" describe below: Number of Ticket(s) Passes Number of Ticket(s) Passes Number of Ticket(s) Passes Ceremonial Role Other Other describe below: Number of Ticket(s) Passes Number of Ticket(s) Passes Ceremonial Role Other Other describe below: Number of Ticket(s) Passes Number of Ticket(s) Passes Ceremonial Role Other Describe the public purpose made pursuant to the agency of Ticket(s) Describe the public purpose made pursuant to the agency of Ticket(s) Describe the public purpose made pursuant to the agency of Ticket(s) Describe the public purpose made pursuant to the agency of Ticket(s) Describe the public purpose made pursuant to the agency of Ticket(s)		Name of Source	f no: <u>Los Ange</u>	」 No ⊠	by agency? Yes [icket(s)/Pass(es) provided	
From the section of agency official? B. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. A. Name of Agency, Department or Unit Board of Supervisors Cremonial Role Cremonial Role Cremonial Role Other It checking "Ceremonial Role" or "Other" describe below: Number of Ticket(s)/ Passes Cremonial Role" or "Other" describe below: Number of Ticket(s)/ Passes Cremonial Role or "Other" describe below:		05-18-10-15-10	f yes:	□No⊠	at the behest Yes [Vas ticket distribution made	١
*Use Section A to identify the agency's department or unit. *Use Section B to identify an individual. *Use Section C to identify an outside organical of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency Passes		Omciai's Name (Last, First)			udo3 9469044. =	of agency official?	
*Use Section A to identify the agency's department or unit. *Use Section B to identify an individual. *Use Section C to identify an outside organical individual. *Use Section C to identify an outside organical individual. *Use Section C to identify an outside organical individual. *Use Section C to identify an outside organical individual. *Use Section C to identify an outside organical individual. *Use Section C to identify an outside organical individual. *Use Section C to identify an outside organical individual. *Use Section C to identify an individual passes. **Describe the public purpose made pursuant to the agency of Ticket(s).** **Ceremonial Role** Of Other Individual						Recipients	
A. Name of Agency, Department or Unit Board of Supervisors 2 Ticket Policy Sec 5.3(k) B. Name of Individual (Last, First) Number of Ticket(s)/ Passes Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: C. Name of Outside Organization (Include address and description) Number of Ticket(s)/ Describe the public purpose made pursuant to the agency Describe the public purpose made pursuant t	nization.	ual. • Use Section C to identify an outside organiz	identify an individu	Use Section B to	cy's department or unit. •	3.4. (3.5.4.) (3.4.4). ■ (3.4.5.4.3.4.3.4.4.5). (3.4.6.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.	•
B. Name of Individual (Last, First) Number of Ticket(s)/ Passes Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Number of Outside Organization (Inchecking "Ceremonial Role" or "Other" describe below: Number of Ticket(s)/ Describe the public purpose made pursuant to the agency	cy's policy	public purpose made pursuant to the agency'	Describe the	of Ticket(s)/	rtment or Unit	A. Name of Agency, Depa	
B. Name of Individual (Last, First) of Ticket(s)/ Passes Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Name of Outside Organization of Ticket(s)/ Other Describe the public purpose made pursuant to the agency		Sec 5.3(k)	Ticket Policy	2		Board of Supervisors	
C. Name of Outside Organization Number of Ticket(s)/ Name of Outside Organization Other In the ching "Ceremonial Role" or "Other" describe below: Number of Ticket(s)/ Describe the public purpose made pursuant to the agency		Identify one of the following:		of Ticket(s)/			
C. Name of Outside Organization Of Ticket(s)/ Of Ticket(s)/ Oescribe the public purpose made pursuant to the agency	Income	500 - 500 500 500 500 500 500 500 500 50	ALCOHOLS ACCORD				
C. Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency	Income		1				
	cy's policy	public purpose made pursuant to the agency*	Describe the	of Ticket(s)/			
. Verification				4 - 1 - 2 - 2 - 2			
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in a with the requirements.	accordance	at the distribution set forth above, is in ac	ı nave verified th	1 and 18942.	PC Regulations 18944.		
	17/18 h, day, year)					Signature of Agency Head of Designe	J-
(month)	., ==,, ; 500.)	(month, c				Signature of a goneyar read of Designe	

A Public Document

1.	Agency Name					Date Stamp	California 202
	Los Angeles County						Form OUZ
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only
	Board of Supervisors, Fourt	h District					
	Designated Agency Contact	(Name, Title)				1	
	Nancy Herrera					Amendment (Must Pi	rovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail					oras Enplanded III all si,
	(213) 974-4444	nherrera@b	os.laco	unty.gov		Date of Original Filing: -	(month, day, year)
2.	Function or Event Infor	mation					
	Does the agency have a tick		Ves IS	☑ No □	Face Value of	Each Ticket/Pass \$ 45	i
	= 1		103 2				
	Event Description: Dodgers	Provide Ti	tle/ Explan	ation	Date(s)	/	
	Ticket(s)/Pass(es) provided				If no: Los Ang	eles Dodgers	_
						Name of Source	
	Was ticket distribution made	at the behes	Yes [] No⊠	If yes:	Official's Name (Last, First)	
	of agency official?						
3.	Recipients				3940000		
	• Use Section A to identify the agen	cy's department o	r unit. • (Jse Section B to	identify an individ	ual. • Use Section C to identi	fy an outside organization.
	A. Name of Agency, Depa	ertment or Unit		Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agency's policy
	Board of Supervisors		30° H 300 - 40	2	Ticket Policy	Sec 5.3(k)	
	B. Name of Indi			Number of Ticket(s)/ Passes		Identify one of the fo	
						onial Role Other Other on "Other" des	1000 A 200 A 2
		,				onial Role Other of "Other" des	
	C. Name of Outside Or (include address and			Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy
4.	Verification						-
	I have read and understand FP	PC Regulations	18944.	1 and 18942.	I have verified to	hat the distribution set fo	rth above, is in accordance
_	with the requirements.						
	Amy Illa	Men	Nancy	/ Herrera		Ticket Administrator	5/17/18
	Signature of Agency Head or Design	ee	Prir	nt Name		Title	(month, day, year)
	Comment:						
	OCHINICITE.						

Seremonial Role Events and Ticket Pass Distributions	F	A Public Document
. Agency Name	Date Stamp	California 802
Los Angeles County		
Division, Department, or Region (if applicable)		For Official Use Only
Board of Supervisors, Fourth District		

Los Angeles County					Form UUZ	
	Division, Department, or Reg	ion (if applicable)	1	For Official Use Only		
	Board of Supervisors, Fourt	h District				
	Designated Agency Contact (Name, Title)				
	Nancy Herrera		Amendment (Must Provide	e Evplenation in Part 3)		
	Area Code/Phone Number	E-mail			Amendment (Mast Frovio	5 Explanation in Part 3.)
	(213) 974-4444	nherrera@bos.lac	ounty.gov		Date of Original Filing:	month, day, year)
2.	Function or Event Inform	mation			,	
	Does the agency have a tick	et policy? Yes	⊠ No 🗆	Face Value of	Each Ticket/Pass \$ 45	
	Event Description: Dodgers	Tickets		Date(s)04	<u>, 15 , 18 </u>	
	Ticket(s)/Pass(es) provided	Provide Title/Expla	nation □ No ⊠	If no: Los Ang	eles Dodgers	
					Name of Source	
	Was ticket distribution made of agency official?	at the behest Yes	□ No⊠	If yes:	Official's Name (Last, First)	
3.	Recipients			 	8 25	
	• Use Section A to identify the agen	cy's department or unit.	Use Section B to	identify an individ	lual. • Use Section C to identify a	n outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe th	Describe the public purpose made pursuant to the agence	
	Board of Supervisors		2	Ticket Policy	√ Sec 5.3(k)	
	B. Name of Indiv		Number of Ticket(s)/ Passes		Identify one of the follow	ring:
					nonial Role Other describe	Income D
					nonial Role Other Other describe	Income Income
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made pursuan	t to the agency's policy
					3	
ļ.	Verification					
	I have read and understand FPI with the requirements.	PC Regulations 18944	1.1 and 18942.	I have verified t	hat the distribution set forth a	above, is in accordance
(I Wraz Hr		cy Herrera		Ticket Administrator	5/17/18
v	Signature of Agency Head or Designe	ee P	rint Name		Title	(month, day, year)
	Comment:					

A Public Document

1.	Agency Name			30000111111	5 0200	Date Stamp	California 202
	Los Angeles County						Form OUZ
	Division, Department, or Reg	ion (if applicable)				1	For Official Use Only
	Board of Supervisors, Fourt	h District					
	Designated Agency Contact	Designated Agency Contact (Name, Title)					
	Nancy Herrera					Amendment (Must	Provide Explanation in Part 3.)
	Area Code/Phone Number E-mail				Amendment (Wast)	Trovide Explanation III T dit 5.)	
	(213) 974-4444	nherrera@bo	s.lacou	inty.gov		Date of Original Filing:	(month, day, year)
-	Function or Event Infor	mation					
۷.	Does the agency have a tick		Voc IV	No□	Face Value of I	Each Ticket/Pass \$ 4	15
			162 [2				
	Event Description: Dodgers	Provide Tit	le/Evnlans	ation	Date(s)	<u> </u>	
	Ticket(s)/Pass(es) provided				If no: Los Ang	eles Dodgers	
	Tionot(o)/T doo(oo) provided	of agono,	103 [1 140 2		Name of Source	
	Was ticket distribution made	at the behest	Yes □] No⊠	If yes:	Official's Name (Last, First)	
	of agency official?					Official's Name (Last, 1 list)	
3.	Recipients				. 1		
	• Use Section A to identify the agen	cy's department or	unit. • U		o identify an individ	ual. • Use Section C to iden	itiry an outside organization.
	A. Name of Agency, Depart	artment or Unit		Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy
	Board of Supervisors			2	Ticket Policy	Sec 5.3(k)	
	B. Name of Indi (Last, Fir.			Number of Ticket(s)/ Passes		Identify one of the	following:
						onial Role Other Cing "Ceremonial Role" or "Other" de	
						onial Role Other Cing "Ceremonial Role" or "Other" de	
	C. Name of Outside O (include address and			Number of Ticket(s)/ Passes	Describe the	e public purpose made pu	rsuant to the agency's policy
		1000-000					
1.	Verification I have read and understand FP	PC Regulations	18011	and 19042	I have verified to	hat the distribution set t	forth above is in accordance
_	i nave read and understand FP with the requirements. /	r o Regulations	10944.1	anu 10942.	. i nave vermed u	กละ เกษ นารเกมนแบก 80เ โ	orar above, is ill accordance
	Many Alux	11.	Money	Horroro		Ticket Administrator	E/17/10
	Signature of Agency Head or Design	ee e		Herrera t Name		Ticket Administrator	5/17/18 (month, day, year)
	Signature of Agency Flead of Design	-	. 1111			1.40	(month, day, your)
	Comment:						

Agency Report of:

Comment: ____

C	eremonial Role Even	its and Ticket/P	ass Distr	ributions	A Pu	blic Document
_	Agency Name				Date Stamp	California 802
	Los Angeles County					Form OUZ
	Division, Department, or Reg	jion (if applicable)	150-150-10-10-10-10-10-10-10-10-10-10-10-10-10	· · · · · · · · · · · · · · · · · · ·		For Official Use Only
	Board of Supervisors, Fourt	th District				
	Designated Agency Contact	(Name, Title)				
	Nancy Herrera				Amendment (Must Provide	Evolanation in Part 3)
	Area Code/Phone Number	E-mail			Amendment (Mast Fronte	Explanation III I are 0.)
	(213) 974-4444	nherrera@bos.lacc	ounty.gov		Date of Original Filing:	nonth, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tic	ket policy? Yes [⊠ No 🗆 🛚	Face Value of	Each Ticket/Pass \$ 45	
	Event Description: Dodger			Date(s)04		, ,
	Event Description.	Provide Title/ Explai	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes [□ No⊠ □	If no: Los Ang		
	Mas tisket distribution made	a at the heheat very		If yes:	Name of Source	
	Was ticket distribution made of agency official?	e at the benest Yes [□ No⊠ ¹	ii yes	Official's Name (Last, First)	
	or agency official:					
3.	Recipients					
	• Use Section A to identify the ager	ncy's department or unit. •	Use Section B to	identify an individ	ual. • Use Section C to identify an	outside organization.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made pursuant	to the agency's policy
	Board of Supervisors		2	Ticket Policy	Sec 5.3(k)	
			Number			
	B. Name of Indi (Last, Fir		of Ticket(s)/ Passes		Identify one of the follow	ng:
				100000000000000000000000000000000000000	onial Role Other Other or "Other" describe b	Income elow:
					onial Role Other ing "Ceremonial Role" or "Other" describe b	Income lelow:
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made pursuant	to the agency's policy
	Verification	NDO D	4 1 100 10			
	I have read and understand FP with the requirements.	PC Regulations 18944.	7 and 18942.	i nave verified ti	nat the distribution set forth a	pove, is in accordance
	Amus Henry		y Herrera		Ticket Administrator	5/17/18
1	Signature of Agency Head or Design	lee Pr	int Name		Title	(month, day, year)

	gency Report of: eremonial Role Even	ts and Ticket/P	ass Distr	ibutions	Α	Public Document	
-	Agency Name Los Angeles County				Date Stamp	California 802	
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only	
	Board of Supervisors, Fourt	h District					
	Designated Agency Contact	(Name, Title)			1		
	Nancy Herrera					1 5 1 5 1 5 10	
	Area Code/Phone Number	E-mail			Amendment (Must P	rovide Explanation in Part 3.)	
	(213) 974-4444	nherrera@bos.lacc	ounty.gov		Date of Original Filing:	(month, day, year)	
2.	Function or Event Infor	mation			11		
	Does the agency have a tick	ket policy? Yes [⊠ No 🗆 F	Face Value of	Each Ticket/Pass \$ 45)	
	Event Description: Dodgers	S Tickets Provide Title/ Explai		Date(s)04	<u>, 24 , 18 </u>		
	Ticket(s)/Pass(es) provided	by agency? Yes [□ No⊠ I	f no: Los Ang	eles Dodgers Name of Source		
	Was ticket distribution made of agency official?	at the behest Yes [□ No⊠ ^I	f yes:	Official's Name (Last, First)		
3.	Recipients • Use Section A to identify the agen	cy's department or unit. •	Use Section B to	identify an individ	ual. • Use Section C to ident	ify an outside organization.	
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe th	e the public purpose made pursuant to the agency's policy		
	Board of Supervisors		2	Ticket Policy	Sec 5.3(k)		
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:	
					nonial Role Other cing "Ceremonial Role" or "Other" des		
					onial Role Other Cing "Ceremonial Role" or "Other" des	,	
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	suant to the agency's policy	
	Vovification						
4.	Verification I have read and understand FPs with the requirements.	PC Regulations 18944.	.1 and 18942.	I have verified t	hat the distribution set fo	rth above, is in acc	

Nancy Herrera
Print Name

Comment: _

FPPC Form 802 (2/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

5/17/18 (month, day, year)

Ticket Administrator

Ceremonial Role Events and Ticket/Pass Distributions	A Public Documer				
. Agency Name	Date Stamp	California 802			
Los Angeles County		1000			
Division, Department, or Region (if applicable)		For Official Use Only			
Board of Supervisors, Fourth District					

	Los Angeles County					Form OOL
	Division, Department, or Region (if applicable)				1	For Official Use Only
	Board of Supervisors, Fourth District					
	Designated Agency Contact (Name, Title)					
	Nancy Herrera				Amendment (Must Provide Explanation in Part 3.)	
	Area Code/Phone Number E-mail				Amendment (Musi Provide Explanation in Part 3.)	
	(213) 974-4444 nherrera@bos.lacounty.gov				Date of Original Filing: (month, day, year)	
2.	Function or Event Information					
	Does the agency have a tick	⊠ No □ I	Face Value of	Each Ticket/Pass \$ 45		
	Event Description: Dodgers	,	Date(s)04	, 25 , 18		
	Provide Title/ Explanation					
1	Ticket(s)/Pass(es) provided	by agency? Yes	□ No 🛛 I	f no: Los Ang		
			1	fires	Name of Source	
	Was ticket distribution made	at the benest Yes	□ No⊠ '	f yes:	Official's Name (Last, First)	
	of agency official?					
3.	Recipients					
-	• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside org					y an outside organization.
			Number			
	A. Name of Agency, Depa	of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy			
	Board of Supervisors		2	Ticket Policy	Ticket Policy Sec 5.3(k)	
					W-00	
	R Name of Individual		Number			
	B. Name of India (Last, Firs		of Ticket(s)/ Passes		Identify one of the fol	lowing:
				Cerem	onial Role Other	Income [
					ing "Ceremonial Role" or "Other" descr	
				Cerem	onial Role Other	Income
					ing "Ceremonial Role" or "Other" descr	CIA SA ALTERNA CONTRACTOR CONTRAC
	Name of Outside Organization		Number			
	C. (include address and		of Ticket(s)/ Passes	Describe the	public purpose made pursu	ant to the agency's policy
					***************************************	9 15 NO. 10 THE 18 TO SHOW THE
			1			
_	/erification		1	<u> </u>		
-		DO Dogulations 1901	1 1 and 100 10	I have verified t	bat the distribution sat for	th above is in accordance
	have read and understand FPI with the requirements.	-c regulations 18944	. i and 18942.	ı nave verilled ti	iai irie uistribution set fort	н авоve, is in accordance
)	\cap \downarrow \downarrow \downarrow				Tielest Administrates	E 147140
/	Signature of Agenicy Head or Designee Print Name				Ticket Administrator	5/17/18 (month day year)
v	Signature of Agency Head or Designe	50 P	IIII INAIIIE		riue	(month, day, year)
	Comment:					